Madam President, I rise today to introduce the Rural and Urban Health Care Act of 2001. I want to thank my cosponsors Senator GRAHAM and Senator HELMS for their support and leadership on this vital issue.

Nothing can traumatize a family more than a medical emergency, particularly one that may have been prevented by timely access to a needed medical professional. In Kansas, I know many communities that would be without a doctor if it was not for an immigrant physician. I know that many communities both in Kansas and around the country would benefit from a greater number of not only doctors, but nurses, nurse aides, radiologists, medical technicians, and other health-care professionals.

In the area of nurses, it's become apparent that the problem has developed into one of national significance.

According to the American Organization of Nurse Executives, ``A nursing shortage is emerging nationwide that is fueled by age-related career retirements, small to moderate increases in job creation, and reduced nursing school enrollments. Job replacement-related demands due to registered nurse age-related retirements are expected to increase rapidly over the next 5 to 15 years."

According to data from the Department of Health and Human Services, today 18.3 percent of registered nurses are under the age of 35, compared to over 40 percent in 1980. Today, only nine percent of registered nurses are under the age of 30, compared to 25 percent in 1980.

Projections by economists Peter Buerhaus, Douglas Staiger, and David Auerbach show that by the year 2020, the number of registered nurses working in America will be ``20 percent below the projected need."

I believe this legislation contains many crucial elements that would benefit many health care providers and the patients they serve.

First, the legislation amends the H-1C category established in the ``Nursing Relief for Disadvantaged Areas of 1999.” The problem with that category is that it allows only a handful of health care facilities throughout the country to hire nurses on temporary visas. That makes little sense. We should open the category up to facilities in all States, rather than select a handful of hospitals that alone would be allowed to hire foreign nurses on temporary visas. In addition, the bill streamlines some of the current processes to remove redundancy and situations that impede the arrival of nurses to work and help patients in the United States.

Second, the legislation retains stringent labor protections established previously for the H-1C category on wages, layoffs and strikes.

Third, the bill authorizes appropriations for the Secretary of Health and Human Services to work with states to develop programs aimed at increasing the domestic supply of nurses in the United States.

Finally, the legislation expands an already successful program by increasing from 20 to 40 waivers for foreign physicians that may be exercised by a particular State, as well allowing a carryover of any unused waivers to the next fiscal year. It also eliminates the sunset date of the program.

This bill does not attempt to solve all problems related to this issue. Other, more extensive solutions, primarily very long-term, may emerge from the HELP or Finance committees. However, it is not possible in one bill to address all outstanding financial or labor issues present in today's hospitals and nursing homes. Indeed, many of these issues will have to be addressed at the State level. But simply because we cannot solve all of today's health-care problems, does not mean that we abdicate our responsibility to find practical solutions to help real people.

I think this bill provides real and immediate help for problems that are only going to grew worse the longer we wait to address them.